ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	Î	**	
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected	N Non-elected
= Allowed	IInterference
— (Through numeral) Canceled	A Appeal
÷ Restricted	O Objected

The stricted to an annual collection					
Claim Date	laim Date Claim	Date			
Hinding Congluent	Final Original				
	51 101				
2/11/	52 102				
3	53 103				
4	54 104				
5	55 105				
6 7	56 106	▎▕▕▕▕▕▕▐ ▐ ▕			
7 0	57 107 107 108	┞┈╎┈╏┈╏┈╏╌╏┈╏╺╏┈			
8 0		┤╸┤╺┼╼╏╶┨╶╏ ╶╂ ┈╏╸╂			
	59	 			
	61 111	╎┈╎┈┟╾┠═╂═╏═╏═╏			
	62 112	├─┼─┼─┼ ─┼ ┤ ┼┼┼			
13	63 113	├╶├─╏╶╂┈╂┈╂┈╏┈			
14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	64 114	┊ ┼╌╂╌╂╌╂═╂╼╂╌╂┈			
15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 115	 			
16	66 116				
	67 117	 			
18	68 118				
19 1/1=	69 119				
20	70 120				
21	71 121				
	72 122	 			
23	73 123				
24	74 124				
25	75 125				
26	76 126				
27	77 127				
28	78 128				
29	79 129				
30	80 130				
31	81 131				
32	82 132				
- 33	83 133				
34	84 134				
35	85 135	 			
36	86 136	┝┩┦┦┦┩┩			
37	87 137	╎╸ ┤╶ ╎╸ ┤			
38	88 138	┝╶╽┈╏┈╏╸╏╸╏╸╏╸╏			
39	89 139	┞┞╏╏╏			
40	90 140	╏ ┈╏┈╏╸╏			
41	91 141	┞╶╏╶╏┈╏			
42	92 142 93 143	╏╶┧╌┧╴╏╶╏╌╏╸╏╸╏			
43		┡╶╏╸╏╶╏╶╏╶╏╸╏			
844		┞╏┩┨╏┩╏			
) 45	95 145 96 146	┠═┋┋┋┋			
46	97 147	╏╸┩╸╏╸╏╸╏╸╏╸╏╸			
47	98 148	┞╴╏╴╏╸╏╸╏ ╶┞╴ ╏ ╶┞			
48 49	99 149	┡╸┩╌╏╴╏ ╶╏╌╏╴ ╏╸╏			
	100 150	╎╸╏╸╏ ╶╂═╂═╂═╂═╂			
30	104 104	1			

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)